MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
C4750 271	CQ/ /6/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3								53						
4		1						54						
5		1						55						
6								56						
7		1						57						
8		1						58						
9		1						59						
10		1						60						
11		1						61						
12		1						62						
13		1						63						
14	1							64						
15		1						65						
16		1						66						
17		1						67						
18		1						68						
19		1						69						
20		1						70						
21		1						71						
22		1						72						
23		1						73						
24		1						74						
25	1							75						
26		1						76						
27		1						77						
28		1						78						
29		1						79						
30		1						80						
31		1						81						
32		1						82						
33		1						83						
34		1						84						
35	1							85						
36		1						86						
37		1						87						
38		1						88						
39		1						89						
40		1						90						
41		1						91						
42		1						92						
43		1						93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	4							TOTAL IND.						
TOTAL DEP.	39							TOTAL DEP.						
TOTAL CLAIMS	43							TOTAL CLAIMS						